

Practitioner's Docket No. CMD 216X

PATENT

OFFICIAL

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

☒ In re application of:

Application No.: 09/840370 Group No.: 3721
Filed: April 23, 2001 Examiner: Louis K. Huynh
For: Modular Pouch Machine

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CENTRAL FAX CENTER

JUL 30 2004

☐ Patent*:

Issued:

*NOTE: Insert name(s) of inventor(s) and title also for patent. Where request is with respect to a maintenance fee payment also insert application number and filing date and add Box M. Fee to address ~~the~~

Mail Stop 16

Director of the U.S. Patent and Trademark Office
P.O. Box 1450, Alexandria, VA 22313-1450

REQUEST FOR REFUND
(IMPROPER CHARGE OF DEPOSIT ACCOUNT)

NOTE: 37 C.F.R. § 1.28(b) "Any request for refund must be filed within two years from the date the fee was paid, except as otherwise provided in this paragraph or in § 1.28(a). If the Office charges a deposit account by an amount other than an amount specifically indicated in an authorization (§ 1.28(b)), any request for refund based upon such charge must be filed within two years from the date of the deposit account statement indicating such charge, and include a copy of that deposit account statement. The time periods set forth in this paragraph are not extendable."

I. REFUND REQUEST

This is a request for a refund, with respect to the charge to Deposit Account
50-0599, shown on the statement dated May 2004, for the
above-identified

- ☒ application.
☐ patent.

EXPRESS MAILING UNDER 37 C.F.R. § 1.10*

~~(Express Mail label number is mandatory)~~
~~(Express Mail certification is optional)~~

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George R. Corrigan

(type or print name of person mailing paper)

Signature of person certifying

WARNING: Certificate of mailing (first class) or facsimile transmission procedures of 37 C.F.R. 1.8 cannot be used to obtain a date of mailing or transmission for this correspondence.

***WARNING:** Each paper or fee filed by "Express Mail" must have the number of the "Express Mail" mailing label placed thereon prior to mailing. 37 C.F.R. 1.10(b).
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(Request for Refund (Improper Charge of Credit Card Account) [18-4]—page 1 of 3)

(check the following, if desired, and supply copy of statement)

- ☒ A copy of the monthly statement, in which the error referred to occurs, accompanies this request.

II. FEES CHARGED FOR WHICH REFUND REQUESTED

	AMOUNT OF REFUND REQUESTED
<input type="checkbox"/> Filing fee	_____
<input type="checkbox"/> Surcharge for filing the basic filing fee on a date later than the filing date of the application (37 C.F.R. § 1.16(e))	_____
<i>and/or</i>	
<input type="checkbox"/> Surcharge for filing the oath or declaration on a date later than the filing date of the application (37 C.F.R. § 1.16(e))	_____
<input checked="" type="checkbox"/> Extension of term	_____
<input type="checkbox"/> first month	_____
<input type="checkbox"/> second month	_____
<input checked="" type="checkbox"/> third month	475.00
<input type="checkbox"/> fourth month	_____
<input type="checkbox"/> fifth month	_____
<input type="checkbox"/> Excess claims	_____
<input type="checkbox"/> Issue fee	_____
<input type="checkbox"/> Petition fee	_____
<input type="checkbox"/> Patent maintenance fee	_____
<input type="checkbox"/> first maintenance fee	_____
<input type="checkbox"/> second maintenance fee	_____
<input type="checkbox"/> third maintenance fee	_____
<input type="checkbox"/> Patent maintenance fee surcharge	_____
<input type="checkbox"/> Other _____	_____
_____	_____
_____	_____
_____	_____
TOTAL REFUND REQUESTED	475.00

(Request for Refund (Improper Charge of Credit Card Account) [18-4]—page 2 of 3)

III. EXPLANATION OF WHY CONTESTED CHARGE IS IN ERROR

Charged twice.

IV. MANNER OF REFUND

Please make refund by

- ☒ crediting Account No. 50-0599
- ☐ crediting credit card as shown on the attached credit card information authorization form PTO-2038.

WARNING: Credit card information should not be included on this form as it may become public.

- ☐ refunding payment.

Reg. No.: 34,803

Tel. No.: (920) 954-1099

Customer No.: 22222


SIGNATURE OF PRACTITIONER

George R. Corrigan
(type or print name of practitioner)

5 Briarcliff Ct.
P.O. Address

Appleton, WI 54915

(Request for Refund (Improper Charge of Credit Card Account) [19-4]—page 3 of 3)



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Deposit Account Statement

Requested Statement Month: May 2004
Deposit Account Number: 500599
Name: CORRIGAN LAW OFFICE
Attention: GEORGE R CORRIGAN
Address: 5 BRIARCLIFF COURT
City: APPLETON
State: WI
Zip: 54915

DATE	SEQ	POSTING REF TXT	ATTORNEY DOCKET NBR	FEE CODE	AMT	BAL
05/06	5	10837544	CMD 216A	2001	\$385.00	\$3,526.00
05/11	113	10841305	ITW 12931.60	1001	\$770.00	\$2,756.00
05/14	1	10435116	ITW 7315.62	1814	\$110.00	\$2,646.00
05/17	44	10774128	ITW 7188.64	1202	\$576.00	\$2,070.00
05/17	45	10774128	ITW 7188.64	1201	\$860.00	\$1,210.00
05/20	3	09840369	CMD 215X	2253	\$475.00	\$735.00
→ 05/24	1	09840370	CMD 216X	2253	\$475.00	\$260.00
→ 05/27	4	09840370	CMD 216X	2253	\$475.00	-\$215.00
05/27	8	E-REPLENISHMENT		9203	-\$5,000.00	\$4,785.00
05/27	25	6186436	CMD 209	2551	\$455.00	\$4,330.00
		START BALANCE	SUM OF CHARGES	SUM OF REPLENISH	END BALANCE	
		\$3,911.00	\$4,581.00	\$5,000.00	\$4,330.00	

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